



Cal State L.A. University Auxiliary Services, Inc.

TRAVEL EXPENSE CLAIM

Please print or type Name and complete address

Type (Please Check) UAS/CSULA employee travel (attach Travel Approval Form)
 Student
 Other (non-CSULA/UAS employee)

Mail check
 Pick-up

Payee _____

Address _____

City, State and Zip _____

Contact Phone # _____ Department _____ Account _____ Fund _____ Organization _____ Budget Year _____ Project ID _____

Year		LOCATION (where expenses were incurred or points between travel)	HOTEL / MEALS					TRANSPORTATION				BUSINESS EXPENSE		TOTAL EXPENSES FOR DAY
Date	Time		Hotel (Room & Tax Only)	Meals per Diem				Type Used (Taxi/Shuttle/Airfare, Parking)	Cost of Trans	Private Car Use		Type (Reg. Fee, Phone..etc)	Cost	
		Breakfast		Lunch	Dinner	Incid.	Miles			Amount				

Remarks: (including the purpose of the trip and how it relates to the project)

I hereby certify that the above is true statement of the travel expenses I incurred in accordance with travel regulations established.

Claimant's Signature _____

Date _____

Sub-Total	
Total Limit	
Less: Advance Rec'd	
Less: Prepaid Hotel	
Less: Transportation	
Less: Others	
DUE CLAIMANT	

Authorized Signature (P.I., Dean, Department Head)

Print Name

Date

PS_AP131 (Rev.04/05)

Please allow a minimum of ten (10) working days from the date of receipt for check processing. UAS Approval _____ Vendor ID: _____